STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) BRUCE CRAWFORD	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
POBox 2761 Concord WH Business Address: (Street) (Town/City) (State)	03301
	Hegmall.con
III. This statement covers: (Choose one – file separate reports for each client, OR you may fil reportable expense transactions which are not attributable to any one client).	e a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the fol	lowing client:
(Full Name of Client as It appears on the Lobbyist Registration Form)	
OR	
☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.	n listed below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 April 25, 2018 July 25, 2018 activity from 4/1/18 to 6/30/18	· · · · · · · · · · · · · · · · · · ·
October 31, 2018 January 30, 2019 activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18	
V. There have been no fees received and no reportable transactions made since the la If this box is checked, complete just this form and submit it to the Secretary of State's Office, State Concord, NH 03301.	
VI. Check if additional reports are attached:	
If-you-have received-fees or made expenditures, you must file Addendum A- Fees and Expens	
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Expense Reimbursement	of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must file Addendum C	- Political Contributions
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foreg and complete to the best of my knowledge and belief.	oing information is true
Tom (but 1/6/19	RECEIVED
(Signature of lobbyist) (Date)	JAN 08 2019
(Print Name of lobbyist)	NEW HAMPSHIRE

NEW HAMPSHIRE DEPARTMENT OF STATE

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any Date of Report (check one): April 25, 2018 July 25, 2018 □ October 31, 2018 January 30, 2019 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. enature of lobbyist)